

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							09/601997				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51		/		
2		/					52		/		
3		/					53		/		
4		/					54		/		
5		/					55	/			
6		/					56		/		
7		/					57		2		
8	/						58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15	/						65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24		/					74				
25		/					75				
26		2					76				
27		3					77				
28		/					78				
29		/					79				
30		/					80				
31	/						81				
32	/						82				
33		/					83				
34		/					84				
35	/						85				
36		/					86				
37	/						87				
38		/					88				
39		/					89				
40	/						90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				